EXHIBIT A
to Answer

Jason Reyes v. City of New York, et al., 07 CV 6349 (PC)

PRISON HEALTH SERVICES
Contracted by NYC Department of Health and Mental Hygiene

CERTIFICATION

I, Cyril Joseph, Assistant Director of Medical Records of Prison Health Services, contracted by NYC Department of Health and Mental Hygiene, hereby certify that the record of the attached is in the custody of, and is an accurate and complete record of the condition, act, transaction, occurrence or event of this program concerning:

[illegible] KEN
(Name of Patient)

[illegible]
(Book and Case Number)

I further certify that this record was made in the regular course of business of this program and it is the regular course of business of this program to make such records. The record was made at the time of the condition, act, transaction, occurrence or event recorded or within a reasonable time thereafter.
The record contained herein is a certified reproduction of the record on file (in accordance with CPLR Section 2306)

[illegible]
(Date)

C. Joseph
Cyril Joseph
Assistant Director of Medical Records

DELEGATION OF AUTHORITY

I, PETRINA MARINER, Director of Medical Records of Prison Health Services, contracted by NYC Department of Health and Mental Hygiene, certify that, **CYRIL JOSEPH, Assistant Director of Medical Records, of Prison Health Services, contracted by NYC Department of Health and Mental Hygiene,** whose signature appears above is a responsible employee of this program. I hereby authorize him to certify records of this program as accurate and complete records of this program, such records having been made in the regular course of business of this program at the time of the condition, act, transaction, occurrence, or event recorded or within a reasonable time thereafter.

P Mariner

Petrina Mariner.
Director of Medical Records.

NYC Health

DIVISION OF HEALTH CARE ACCESS & IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROBLEM LIST

Patient's Last Name	First Name
Reyes	Jason
Book & Case Number	**NYSID Number**
349-06-02628	0470442Y
DOB	**ALLERGIES: NKA**
1/13/1983	

CHRONIC MEDICAL PROBLEMS	DATE LISTED
S/P LANKLE INJURY 2002 WITH NERVE DAMAGE	2/12/2006
ANKLE PAIN	5/25/06

PSYCHIATRIC DSM IV DIAGNOSIS	DATE LISTED

SUICIDE WATCH	DATE ON	DATE OFF

SUICIDE RISKS	DATE LISTED

INMATE HAS CONTRAINDICATIONS FOR

Category A (Chemical Agents):

Medically contraindicated if the patient has ☐ Asthma ☐ Chronic Obstructive Pulmonary Disease (COPD)

Category B (Stun Shield):

Medically contraindicated if the patient has ANY of the following conditions: **(Check All That Apply)**

☐ Pregnancy ☐ Hypertension ☐ Pace Maker ☐ Asthma ☐ Seizure ☐ Diabetes ☐ Cardiac Disease

☒ **NO CONTRAINDICATIONS**

Signature: Issa Madhoun **Date:** 2/12/2006

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

INTAKE HISTORY AND PHYSICAL EXAM

PATIENT'S LAST NAME	FIRST NAME
Reyes	Jason

BOOK & CASE NUMBER	NYSID NUMBER	DOB	IS PATIENT EMANCIPATED?
349 06 02628	0470442Y	1/13/1983	☒ YES ☐ NO

DATE	TIME	FACILITY
2.12.2006	02:53 ☒ AM ☐ PM	BBKC

HAVE YOU PREVIOUSLY BEEN INCARCERATED? ☐ YES ☒ NO
If yes, where? ☐ RIKERS ☐ ELSEWHERE: N/A
If yes, when? N/A

DO YOU HAVE MEDICAID OR ANY HEALTH INSURANCE? ☐ YES ☒ NO
WHERE DO YOU CURRENTLY GET MEDICAL CARE? BETH ISRAEL

1. DO YOU HAVE ANY ALLERGIES? ☐ YES ☒ NO
Reaction Type ☐ HIVES ☐ RASH ☐ SOB ☐ ANAPHYLAXIS ☐ DON'T KNOW
ALLERGIES TO MEDICATIONS? N/A
OTHER? N/A

2. HAVE YOU EVER HAD CHICKEN POX? ☐ YES ☐ NO ☒ DON'T KNOW

3. HAVE YOU EVER HAD HIGH BLOOD SUGAR OR DIABETES? ☐ YES ☒ NO
yes, Current Medications? ☐ YES ☒ NO
If yes, List on Page 2.

FINGER STICK (IF ALWAYS LOW): N/A

4. HAVE YOU EVER HAD TB? ☐ YES ☒ NO
Where diagnosed? N/A

Do you have?
Weight loss ☐ YES ☒ NO
Night Sweats ☐ YES ☒ NO
Fever ☐ YES ☒ NO
Cough > 2 Wks ☐ YES ☒ NO

Chest X-ray done? ☐ YES ☒ NO
If yes, ☐ Normal ☐ Abnormal
When? N/A

Current and Past TB Medications Taken? N/A

How long taken? N/A

5. HAVE YOU EVER HAD:
- Multiple Sex partners? ☐ YES ☒ NO
- Unprotected sex? ☐ YES ☒ NO
- Sex with substance abusers? ☐ YES ☒ NO
- Same sex relationship? ☐ YES ☒ NO
- Injection Drug Use? ☐ YES ☒ NO

HAVE YOU EVER HAD:
- Syphilis? ☐ YES ☒ NO
- Gonorrhea? ☐ YES ☒ NO
- Chlamydia? ☐ YES ☒ NO
- Hepatitis A? ☐ YES ☒ NO
- Hepatitis B? ☐ YES ☒ NO
- Hepatitis C? ☐ YES ☒ NO

Any current tx? ☐ YES ☒ NO

Do you have HIV Infection or AIDS? ☐ YES ☒ NO
(If yes, complete HIV Flow Sheet)

6. RAPID HIV TEST
- ☐ Wants Rapid HIV Test
- ☒ Declines HIV Testing
- ☐ Undecided
- ☐ Confirmatory
- ☐ Retest

REASONS FOR DECLINING RAPID HIV TEST
- ☐ Known HIV Positive
- ☐ Prefer Conventional Test
- ☐ Had Negative HIV Result < 3 months ago
- ☒ Not Ready to get test results today
- ☐ Don't want test now/today
- ☐ Other

HIV Ab Testing done? ☒ YES ☐ NO
When? 2005

Viral Load ☐ YES ☒ NO
N/A
When? N/A

Latest T-Cell (CD4)
N/A
When? N/A

7. EVER HAD ASTHMA? ☐ YES ☒ NO
If yes, Current Medications? ☐ YES ☒ NO
(List in Page 2)

Last ER Visit? N/A
Last Attack? N/A
Ever Admitted? ☐ YES ☒ NO

Ever Intubated? ☐ YES ☒ NO
When? N/A

8. EVER HAD A SEIZURE? ☐ YES ☒ NO
If yes, Current Medications? ☐ YES ☒ NO
(List in Page 2)

Last Seizure? N/A

9. EVER HAD HYPERTENSION? ☐ YES ☒ NO
If yes Current Medications? ☐ YES ☒ NO
(List in Page 2)

10. DO YOU HAVE:
☐ PUD ☐ SOB
☐ Rapid dioxs ☐ DOE
☐ Pedal Edema ☒ N/A

Chest Pain? ☐ YES ☒ NO
When? N/A

Syncope? ☐ YES ☒ NO
When? N/A

Family history of sudden death under age 55? ☐ YES ☒ NO

Ever had Heart Disease? ☐ YES ☒ NO

Ever had a heart attack? ☐ YES ☒ NO
When? N/A

11. HAVE YOU RECENTLY DELIVERED A BABY? ☐ YES ☐ NO ☒ N/A
- IF YES, WITHIN THE LAST SIX (6) WEEKS? ☐ YES ☐ NO ☒ N/A
- ARE YOU PREGNANT? ☐ YES ☐ NO ☐ Don't Know ☒ N/A
- DATE OF LAST MENSTRUAL PERIOD? _____ ☒ N/A

12. HAVE YOU HAD A MAMMOGRAM IN THE LAST 12 MONTHS? ☐ YES ☐ NO ☒ N/A
If yes, when? N/A

13. HAVE YOU HAD A PAP SMEAR IN THE LAST 12 MONTHS? ☐ YES ☐ NO ☒ N/A
If yes, when? N/A

14. DO YOU USE DRUGS? ☐ YES ☒ NO
DRUG AMOUNT: N/A

Drugs used: ☐ HEROIN ☐ BARBITURATES ☐ MARIJUANA ☐ CRACK ☐ COCAINE ☐ CRYSTAL METH ☐ METHADONE
☐ OTHER: N/A

If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.

Reyes, Jason - 149-06-02628

CHR-243 (Rev. 06/06)

15. ARE YOU CURRENTLY IN A METHADONE PROGRAM? ☐ YES ☒ NO
Where? N/A
Dose N/A

16. DO YOU USE ALCOHOL? ☐ YES ☒ NO
AMOUNT N/A
Have you considered cutting down drinking? ☐ YES ☒ NO
Annoyed by people asking about your drinking? ☐ YES ☒ NO
Ever had guilty feelings about your drinking? ☐ YES ☒ NO
Ever needed a drink as an 'eye opener'? ☐ YES ☒ NO
When last drink or drug use? N/A

17. DO YOU SMOKE? ☐ CURRENT ☐ FORMER ☒ NEVER ☐ NOT ASSESSED

18. HAVE YOU EVER HAD A SCREENING ULTRASOUND OF YOUR ABDOMEN TO LOOK FOR AN ANEURYSM? ☐ YES ☐ NO ☐ DONT KNOW ☒ N/A

19. ABDOMINAL ULTRASOUND RESULT? ☐ POSITIVE ☐ NEGATIVE ☐ DONT KNOW ☒ N/A
When? N/A

20. HISTORY OF DENTAL PROBLEMS (pain, bleeding gums, etc.) ☐ YES ☒ NO
IF YES EXPLAIN N/A

21. HISTORY OF HOSPITALIZATION ☒ YES ☐ NO
IF YES, DESCRIBE INJURY L ANKLE AND HEEL 2002 WITH NERVE DAMAGE BETH I

22. ANY ADDITIONAL MEDICAL PROBLEMS? ☒ YES ☐ NO
List
PAIN L ANKLE ON PERCOCET PRN

23. TREATED OR HOSPITALIZED FOR NERVOUS / MENTAL PROBLEMS? ☐ YES ☒ NO
When? N/A
Where? N/A
Why? N/A

24. ARE YOU TAKING MEDICATION FOR NERVES/MENTAL PROBLEMS? ☐ YES ☒ NO
Medications / Dosage: N/A

25. HAVE YOU TRIED TO HURT OR KILL YOURSELF? ☐ YES ☒ NO
When? N/A
How? N/A
Why? N/A

26. HAVE YOU EVER BEEN ASSAULTED (SEXUALLY/PHYSICALLY)? ☐ YES ☒ NO

27. HAVE YOU BEEN CHARGED WITH A VIOLENT ACT (RAPE, ASSAULT)? ☐ YES ☒ NO
CHARGES REVIEWED? ☐ YES ☒ NO

28. HAVE YOU HURT ANYONE WHEN YOU WERE ANGRY OR UPSET? ☐ YES ☒ NO
When? N/A
Who? N/A
How? N/A
Why? N/A

29. FAMILY HISTORY OF MENTAL ILLNESS? ☐ YES ☒ NO
If Yes, List Who:
N/A

30. FAMILY HISTORY OF SUICIDE? ☐ YES ☒ NO
If Yes, List Who:
N/A

31. HAVE YOU EXPERIENCED ANY RECENT LOSSES? (i.e., death, employment, relationships, etc) ☐ YES ☒ NO
Explain
N/A

SUMMARY OF CURRENT MEDICATIONS *(Please List)*
N/A

COMPLETED BY *(Print Name)* Issa Madhoun
REVIEWED BY: Issa Madhoun

Signature of person completing form | Title | Date | Time

If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.

2/12/2006 3:43:49 AM

CHR-243 (Rev. 06/06)

CHS 283 (Rev 06/05)

NYC Health

DIVISION OF HEALTH CARE ACCESS & IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PHYSICAL EXAMINATION

Last Name	First Name	Temp
Reyes	Jason	98.8

Snellen's	w/o correction	w correction	HR	Pulse
	R 20	R N/A	5'8"	78
	L 20	L N/A		RR 14

VSS Taken by (Full Name) Gladys Paul — Wt 226 — Peak Flow

Signature — BP 120 / 70

GENERAL APPEARANCE: (Include body habitus, nutritional status, and state of distress.)

HEENT — ☒ NL; ☐ Edentulous; ☐ Laceration; ☐ Otitis; ☐ Scalp lesions; ☐ Abnormal Pupils; ☐ Conjunctivitis; ☐ Pale sclera; ☐ Other — Describe: N/A

ORAL CAVITY — ☒ NL; ☐ Lesions; ☐ Swellings; ☐ Filled cavities; ☐ Dentures loose; ☐ Missing teeth; ☐ Other — Describe: N/A

CHEST — ☒ NL; ☐ Wheezes; ☐ Rales; ☐ Rubs; ☐ Rhonchi; ☐ Other — Describe: N/A

SKIN — ☒ NL; ☐ Rash; ☐ Pallor; ☐ Scars; ☐ Jaundice; ☐ Tattoos; ☐ Tracks; ☐ Other — Describe: N/A

BREASTS — ☒ NL; ☐ Masses; ☐ Discharge; ☐ Other — Describe: N/A

HEART — ☒ NL / RRR; ☐ Murmur; ☐ Pub; ☐ Gallop; ☐ Other — Describe: N/A

FUNDUS — ☒ Normal; ☐ Not Visualized; ☐ Other

OTOSCOPIC — ☒ NL Canal; ☐ NL TM; ☐ Cerumen; ☐ Other

LYMPH NODES — Describe: NO ADENOPATHY

NECK THYROID — ☒ NL; ☐ Carotid Bruit; ☐ Thyroid enlargement/mass

ABDOMEN — ☒ NL; ☐ Tenderness; ☐ Hyper/Hypoactive Bowel Sounds; ☐ Organomegaly; ☐ Ascites; ☐ Other — Describe: N/A

GENITALIA — ☒ NL; ☐ Sores; ☐ Discharge; ☐ Lesions; ☐ Warts; ☐ Other — Describe: N/A

PELVIC EXAM (Adnexa, Uterus) — ☒ N/A; ☐ NL; ☐ Discharge from Cervix; ☐ Uterine Mass; ☐ Reduced; ☐ Adnexal Mass; ☐ Tenderness; ☐ Other — Describe: N/A

PAP SMEAR — ☐ Performed; ☐ Chlamydia/Gonorrhea Test; ☐ Culture; ☐ Other (Describe); ☐ Reduced; ☐ Deferred — Describe: N/A

RECTAL — ☐ NL; ☐ Hemorrhoids; ☐ Fissures; ☐ Warts; ☐ Not Indicated (Less than 40 y/o old); ☐ Sores; ☒ Reduced; ☐ Other — Describe: N/A

EXTREMITIES — ☐ NL; ☐ Edema; ☐ Cyanosis; ☐ Pulse; ☐ Clubbing; ☒ Other — Describe: TENDERNESS L ANKLE SENSORY LOSS L HEEL

MENTAL STATUS

ORIENTATION TO — ☒ Time; ☒ Place; ☒ Person

PSYCHOMOTOR — ☒ WNL; ☐ Retardation; ☐ Agitation

SPEECH — ☐ Coherent; ☐ Incoherent; ☒ Normal Rate; ☐ Pressured; ☐ Spontaneous

MOOD — ☒ Euthymic; ☐ Irritable; ☐ Anxious; ☐ Flated; ☐ Depressed; ☐ Angry; ☐ Embarrassed/Humiliated

AFFECT — ☒ Appropriate to mood; ☐ Inappropriate to mood; ☐ Labile

THOUGHT PROCESS — ☒ Logical; ☐ Illogical; ☐ Relevant; ☐ Irrelevant

ANY PROBLEMS WITH SLEEP OR APPETITE OR ANY FEELINGS OF HOPELESSNESS OR BEING WORTHLESS? — ☐ YES ☒ NO — N/A

SUICIDAL IDEATION? ☐ YES ☒ NO — N/A

HOMICIDAL IDEATION? ☐ YES ☒ NO — N/A

DELUSIONS — ☒ None; ☐ Grandiose (Do you have special abilities or features?); ☐ Persecutory (Do you feel anyone is plotting against you?); ☐ Somatic; ☐ Other

HALLUCINATIONS (Does patient exhibit any?) — ☒ None; ☐ Auditory; ☐ Visual

DOES PT EXHIBIT ANY SIGN OF GROSS MENTAL RETARDATION? ☐ YES ☒ NO

NEUROLOGIC (Sensory, Motor, DTR, Gait, Cerebellar, Cranial Nerves) — SENSORY DEFICITIS L HEEL

DESCRIBE (If abnormal, give details in assessment)

If you have answered "YES" to any question and require additional space, please use the Additional Comments area on Page 4.

DATE PPD IMPLANTED	RESULT	DATE READ	INITIAL
2/12/2006	00mm	2/14/2006	dobsonkd

IMMUNIZATION	DATE

LABORATORY DATA	DATE ORDERED	RESULT
PPD	2/12/2006	00mm
RPR	2/12/2006	NR
Dipstick	2/12/2006	wnl
STD Urine Screen	2/12/2006	Neg [illegible]

RADIOLOGY/TYPE	DATE ORDERED	DATE PERFORMED	RESULT

FOLLOW-UP/CONSULTS	DATE ORDERED	CLINIC	FACILITY	DATE SEEN
Nursing Followup - Read PPD	2/12/2006	PPD Read	BBKC	
Nursing Followup - HIV Rapid Refused	2/12/2006	HIV Rapid Refusal	BBKC	
Medical Followup - PAIN L ANKLE S/P INJURY 2002	2/12/2006	Injury	BBKC	
PT	5/4/06	PT	NIC 03	5/06
Neurology	4/18/06			
PT	5/17/06	PT	NIC 03	

MEDICATION LIST

START DATE	MEDICATION	DATE DISCONTINUED
2/12/2006	Motrin - Tab - 400MG - BID	2/16/2006

[redacted]

Patient's Name

Book & Case Number

NYS ID #

Facility

REYES, JASON 00000000
252 50TH ST 3
NY, NY 11220
13-JAN-83 O Y M 5'8" 216 BRO BLK
NY C
LOPICKELOW, ROE
1866 60TH ST 3, NY, NY FI
3490602628 0470442Y 11-FEB-06

ALLERGIES

DATE LISTED	PROBLEMS	PLAN	DATE RESOLVED
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		

E ORDERED	CLINIC	FACILITY	DATE SEEN

DATE ORDERED/TYPE	DATE PERFORMED	RESULT

	DATE DONE	RESULT	DATE DONE	RESULT	DATE DONE	RESULT
SEROLOGY						
URINE D.S.						
CBC						
ASL/ALT						
GC: (O/G/A)						
Other:						

DATE	TYPE/TREATMENTS

INMATE HAS CONTRAINDICATIONS FOR:

☐ CATEGORY A (CHEMICAL AGENTS)*
Medically contraindicated if the patient has any of the following conditions (check condition)
☐ Asthma ☐ Chronic Obstructive Pulmonary Disease (COPD)

☐ CATEGORY B (STUN SHIELD)*
Medically contraindicated if the patient has any of the following conditions (check condition)
☐ Pregnancy ☐ Hypertension ☐ Pace Maker ☐ Asthma
☐ Seizure ☐ Diabetes ☐ Cardiac disease

☐ NONE

DATE SIGNATURE

PPD

DATE DONE	RESULT	DATE READ	SIGNATURE
_/_/_		_/_/_	

IMMUNIZATION	DATE
	_/_/_

INH

DATE STARTED	DATE COMPLETED	DATE STOPPED	DATE DOH NOTIFIED
_/_/_	_/_/_	_/_/_	_/_/_

EKG

☐ Normal
☐ Abnormal

89 Rev 4, 04)

Patient chair coming From C-76

Needs Wheel Chair

PRE – ADMISSION FORM
Dorm 2B

DATE ACCEPTED: 4/17/06 DATE ARRIVED: _____

TIME ACCEPTED: 12:47 pm TIME ARRIVED: _____

PATIENT'S NAME: Reyes Jason

B & C # OR DATE OF BIRTH: 3490602628

REFERRING PHYSICIAN: Dr. Hayman

REFERRING FACILITY: Bellevue hosp.

REQUESTED ADMISSION DATE: 4/17/06

M.D. OR PHYSICIAN ACCEPTING PATIENT: R. Litm MD

2-1 cell
5' 5"
118/78
86
16
98

NOTE: THIS PRE-ADMISSION FORM IS VALID FOR 48 HOURS!

DEPARTMENT OF CORRECTION ACTION

CONFIRMED BY: _____
TITLE NAME SHIELD #

COMMAND: _____

DATE: _____ TIME: _____

NOTE: ALL INMATES TO THE INFIRMARY AREAS (DORM1, 2A, 2B AND 4) MUST HAVE A PRE – ADMISSION FORM. INMATES TO NON – INFIRMARY AREAS (NIC MAIN AND DORM 3) FROM OTHER INSTITUTIONS PRINCIPAL HOSPITAL DOES NOT REQUIRE A PRE – ADMISSION FORM.

Reyes, Jason - 349-06-02628

CHS-283 (Rev. 06/05)

ADDITIONAL COMMENTS *(Please include Question Number with each Additional Comments Section)*

ASSESSMENT	PLAN
S/P LANKLE INJURY 2002 WITH NERVE DAMAGE	~~A~~GE GIVEN CANEF/U PRN

DISPOSITION

☐ Medical Isolation Reason
N/A

☐ Detox
N/A

HOUSING: ☒ GP ☐ CDU ☐ INFIRMARY ☐ C-71 ☐ MO ☐ OTHER:

CONSULTS: ☐ URGICARE ☐ ER/HOSPITAL ☐ MH EMERGENCY ☐ MH ROUTINE ☐ OTHER:

BROCHURES GIVEN?
REACH HIV-STD ☐ YES ☒ NO
Health Information ☒ YES ☐ NO
Dental Brochure ☐ YES ☒ NO

SIGNATURE

DATE/TIME
2/12/2006 3:41 AM

PRINT NAME
Issa Madhoun

TITLE

REVIEWED BY: Issa Madhoun

PRINT NAME | SIGNATURE | 2/12/2006 3:41 AM DATE/TIME

Please use the Additional Comments area on the top of this page for any "YES" question requiring additional space.

2/12/2006 3:43:48 AM

CHS-283 (Rev. 06/05)

PATIENT ACCEPTANCE NOTE
NIC

Dorm LB
Referring MD/PA Dr Hayman Date
Referring Facility: Bellevue hosp Telephone #
1. Patient: Reyes Jason Date of Birth
Book and Case Number: 3.490602 SSN/NYSID:
2. Diagnosis / Reason for Infirmary Care: Dysphy Reflex Sympathetic

3. History of Illness (use other side if more room needed):

4. Other considerations: Date of last fever:
Abnormal mental status? D
Ambulation status? Wheelchair bound Incontinence?
Nursing needs? (dressings, catheters, feeding, turning, etc.)
D

5. Labs: PPD & Date: CXR & Date:
Special (CT's, LPs, etc.)
Pertinent blood results

6. Medications (doses, frequency, when to stop):

7. Follow-up needed: D
8. If MH/Nursing / Chief MD approval needed*, who contacted / when? INH / Date?
9. Accepted by: Dr Lim MD / PA Date: 4/17/06

* If high level nursing care needed, contact CNA, PCC or nurse in charge; if psychiatric disturbance, contact Mental Health

Form RI097 3/98

NYC HEALTH AND HOSPITAL CORPORATION
CORRECTIONAL HEALTH SERVICES

INFIRMARY ADMISSION HISTORY AND ASSESSMENT

SECTION I

INFIRMARY Nic D2A NAME Reyes, Jason ADMITTING DATA

DATE 4/18/06 TIME 7Am. ID# 349 06 02628 ADMITTING NURSE B. Jackso

REFERRAL SOURCE GRVC | Bellevue DOB ___/___/___ SEX ☑ M ☐ F INTERPRETER ☐ YES ☑ NO

MEDICAL DIAGNOSIS Reflex Sympathetic Dystrophy LANGUAGE USED English

PRESENT HEALTH HISTORY RELIGION

PAST HEALTH HISTORY

PREVIOUS HOSPITALIZATION: ☐ NO ☑ YES (SPECIFY)

ADDICTIVE HABITS: TOBACCO: ☐ NO ☐ YES # PACKS/DAY X # YEARS ___ ☐ NO ☐ YES ALCOHOL: ☐ NO ☐ YES # DRINKS/DAY ___

ILLICIT DRUGS: ☐ NO ☐ YES (SPECIFY).

ALLERGIES: ☐ NONE KNOWN ☐ YES (SPECIFY): METHADONE MAINTENANCE PROGRAM ☑ NO ☐ YES

SPEECH: ☐ SLURRED ☐ APHASIA ☑ NO PROBLEM ☐ OTHER: HEARING: ☐ IMPAIRED ☐ RT ☐ LT ☐ HEARING AID ☐ RT ☐ LT

VISION: ☑ NO PROBLEM ☐ IMPAIRED ☐ RT ☐ LT ☐ GLASSES ☐ CONTACT LENSES ☐ ARTIFICIAL EYE ☐ RT ☐ LT ☐ ENUCLEATION ☐ RT ☐ LT

DENTURES: ☐ UPPER ☐ LOWER ☐ PARTIAL ☐ NONE DIET: FLUIDS:

ACTIVITY STATUS: ☐ AMBULATORY ☐ AMBULATORY WITH ASSIST
☐ TRANSFER WITH ASSIST ☐ BED REST

ASSISTIVE DEVICES: ☐ CANE ☑ WHEELCHAIR ☐ WALKER
☐ CRUTCHES ☐ PROSTHESIS ___
☐ NONE ☐ OTHER: ___

SELF CARE STATUS:	INDEPENDENT	ASSIST	DEPENDENT
FEEDING	☑	☐	☐
BATHING	☑	☐	☐
GROOMING	☑	☐	☐
DRESSING	☑	☐	☐
TOILETING	☑	☐	☐

INCONTINENT ☐ NO ☐ YES (SPECIFY).

ADVANCE DIRECTIVES: ☐ NONE ☐ YES (SPECIFY):

MEDICATION ☐ NONE

DRUG	DOSE	FREQ	LAST DOSE TAKEN	REASON
			☐ AM ☐ PM	
			☐ AM ☐ PM	
			☐ AM ☐ PM	
			☐ AM ☐ PM	
			☐ AM ☐ PM	
			☐ AM ☐ PM	
			☐ AM ☐ PM	

IMMUNIZATION	DATE

TB-DRUG THERAPY

START DATE	COMPLETE DATE	STOP DATE	DOH NOTIFIED	DATE CAR

VITAL SIGNS

TEMP PULSE

RESP. BP

HEIGHT WEIGHT

VISUAL SCREEN

Nurse's Signature/Title

Form RI108/Front 6/98

DATE	LIST #	INIT	FOCI/NURSING DIAGNOSES	GOALS DESIRED OUTCOMES	NURSING INTERVENTION	DATE	INIT	EVALUATION
4/17	1		Risk for injury R/T difficulty ambulating	- no injury while in care.	- Provide w/c for mobility - Provide assistance when necessary - medicate for pain as ordered.			
4/17	2		Altered comfort/ pain R.T. trauma to lower extremity.	- Pain minimized / controlled while in care.	- medicate for pain as ordered - avoid further trauma - exercise safety precaut.			

DATE ORDER	REFERRALS / CONSULTS	DATE DONE	DATE ORDER	SPECIMENS	DATE SENT	DATE ORDER	EKG / X-RAY / DIAGNOSTIC TESTS	DATE DONE

Rev 12/97

NAME ______________________ ID # ______________ BED LOCATION ______________

NYC 0000014

RESPIRATORY: ☐ cough ☐ sputum ☐ no ☐ yes describe ____
☐ dyspnea ☐ orthopnea ☐ cyanosis ☐ none
COMMENTS:

CARDIOVASCULAR: ☐ chest pain ☐ palpitations ☐ varicosities: ____
☐ poor circulation to extremities ☐ edema: ____ ☐ none
COMMENTS:

GASTROINTESTINAL: ☐ nausea ☐ vomiting ☐ anorexia ☐ dysphagia ☐ bleeding
☐ hemorrhoids ☐ weight lo ____ ☐ weight gain: ____ ☐ diarrhea: ____
☐ constipation: ____ ☐ freq. of BM ____ ☐ ostomy: ____ ☐ none
COMMENTS:

GENITO-URINARY ☐ dysuria ☐ hematuria ☐ retention ☐ nocturia ☐ frequency
☐ ostomy: ____ ☐ catheter: ____ ☐ dialysis: ____ ☐ none
COMMENTS:

MALE: ☐ prostrate enlargement
☐ lesions ☐ no ☐ yes ☐ urethral/penile discharge ☐ no ☐ yes (specify) ____
STD: ☐ no ☐ yes (specify): ____
COMMENTS:

FEMALE: LMP: ____
abortions: ____ pregnant: ☐ no ☐ yes pregnancies: ____ miscarriages: ____
pelvic/tube infection: ☐ no ☐ yes live births: ____ birth control: ☐ no ☐ yes: ____
lesions: ☐ no ☐ yes vaginal discharge: ☐ no ☐ yes: ____
STD: ☐ no ☐ yes (specify): ____
COMMENTS:

BREAST: masses: ☐ no ☐ yes discharge: ☐ no ☐ yes: ____ BSE: ☐ no ☐ yes
COMMENTS:

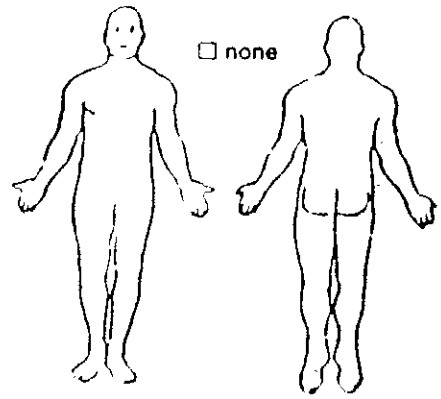
MUSCLO-SKELETAL: ☐ arthritis ☐ paralysis: ____ ☐ paresis: ____ ☐ amputation: ____
☐ contractures: ____ ☐ deformity: ____ ☐ fracture: ____
COMMENTS:

NEUROLOGICAL: headaches: ____ vertigo syncope tremors seizures: ____
sensory/motor impairment: ____ orientated person place time
COMMENTS:

PAIN: location: type: onset: duration: ☐ none

SKIN: temperature: ☐ warm ☐ cold ☐ moist ☐ dry turgor: ☐ good ☐ poor
hair: ____ nails: ____
COMMENTS:

Identify on diagram site of the following:
A = bruises, B = masses, C = scars, D = lesions, F = wounds
and D = decubitus (describe size, shape, stage)



EDUCATIONAL NEEDS: ____
DISCHARGE PLANNING: ____
WHERE WILL YOU GO WHEN DISCHARGED: ____
ANYONE TO ASSIST YOU AFTER DISCHARGE: ____
PLAN OF CARE ____ INITIATED ☐ YES ☐ NO EXPLAIN: ____
ORIENTATION TO ENVIRONMENT: ☐ YES ☐ NO EXPLAIN: ____
SIGNATURE/TITLE OF DATA COLLECTOR: ____
RN REVIEWER: ____ DATE: 4/17/06 TIME: ____

Form RN106/Back 6/5

NYC HEALTH AND HOSPITAL CORPORATION
CORRECTIONAL HEALTH SERVICES

DEPARTMENT OF NURSING

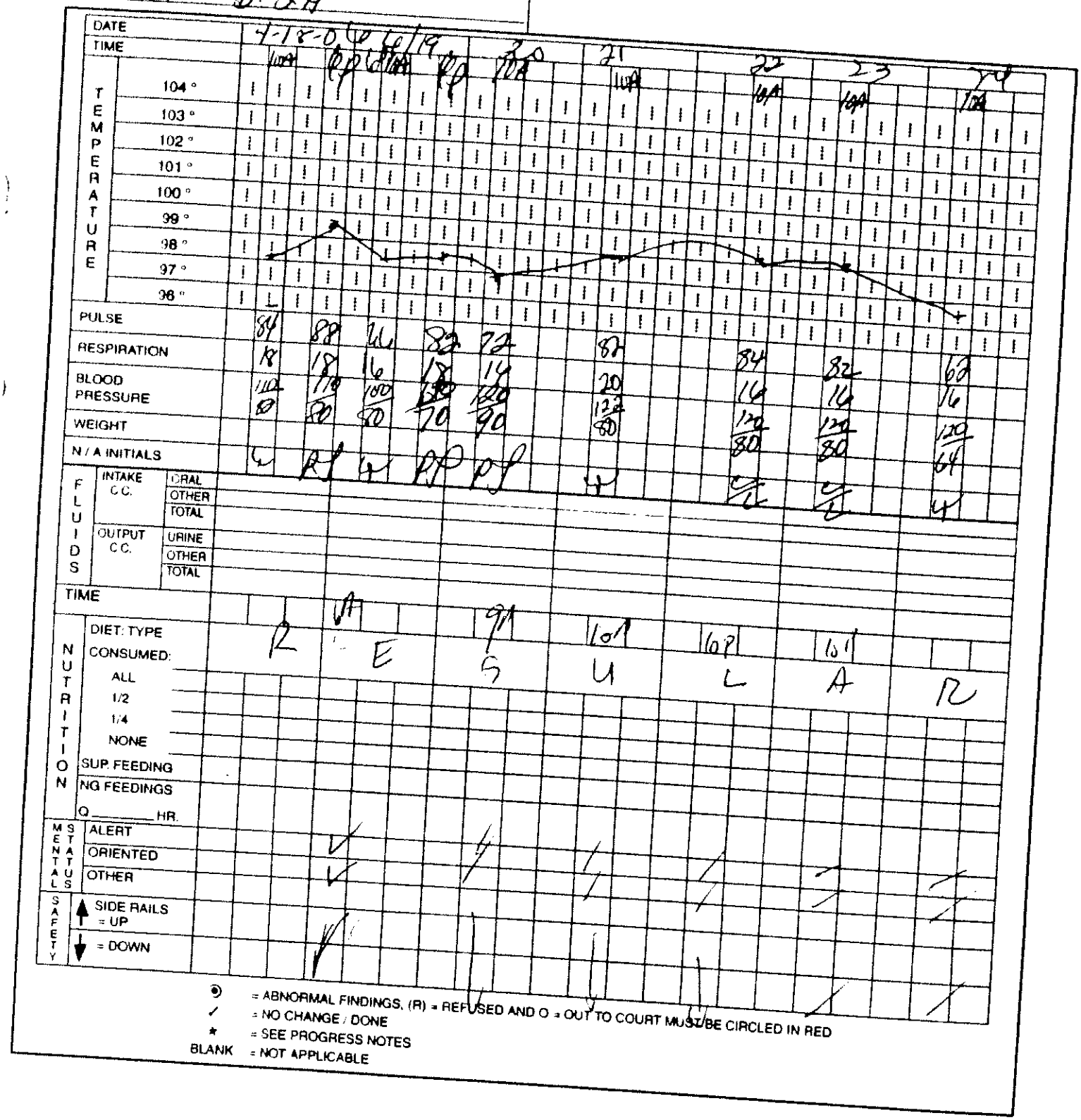
INFIRMARY CLINICAL ACTIVITY FLOWSHEET

PATIENT'S NAME REYES JASON

I.D # 349-06-02628

AGE/D.O.B. _____ SEX: ✓ M ____ F

AREA: NIC D-2A



◉ = ABNORMAL FINDINGS, (R) = REFUSED AND O = OUT TO COURT MUST BE CIRCLED IN RED
✓ = NO CHANGE / DONE
★ = SEE PROGRESS NOTES
BLANK = NOT APPLICABLE

Form MM014/Front

INFIRMARY CLINICAL ACTIVITY FLOWSHEET

DATE:	4/18	4/19/06	4/20/06	4/21/06	4/22	4/23	4/24
TIME:		6am	11W	10d	11P	11P	
ISOLATION:							
RESPIRATORY							
ENTERIC							
OTHER [illegible]		✓	/				
SELF CARE – BATH				/	/	/	/
COMPLETE:							
PARTIAL							
SELF							
MOUTH CARE		✓	/	/			
FOLEY / PERI					/	/	/
FOOT CARE							
ACTIVITY – BEDREST							
TURNED & POSITION							
DANGLE							
COMMODE							
BED / CHAIR							
BRP							
AMBULATE W / ASSIST		w/c	w/c	w/c	w/c	w/c	w/c
AMBULATORY							
ELIMINATION: ~~CONTINENT /~~ INCONTINENT		✓	/	/	/	/	C
FOLEY							
SUPRA PUBIC CATHA							
B.M.							
OTHER							
SLEEP – SATIS-FACTORY		✓					
UNSATIS-FACTORY			S	S	S	S	✓
THERAPY – PHYSICAL THERAPY							
PENTAMADINE							
SPUTUM							
I.V. LINES: TYPE AND SITE:							
DRESSING CHANGE Q____							
TUBING INITIALS Q____							
NURSE INITIALS		LR	LR	LR	LR	LR	PN

INITIALS	SIGNATURE	TITLE	INITIALS	SIGNATURE	TITLE
PN	Pauline T[illegible]horn, NA				
LR	[illegible]	RN	LR	[illegible]	LPN

Form MM[illegible]

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

Reyes Jason
349060262 8
DOB 1/13/83

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
2/17/06 BBKC M... 915Am	F/U old LT ankle injury — No chart
	S/ 22 y/o ♂ ē h/o LT ankle neurological damage Sep 2002 trauma presents stating minimal pain relief ē 9P motrin
	O/ B16 P80 ambulates ē cane + limp LT ankle - atrophy, ↓ROM, scars
	A/ old LT ankle injury ē motor limitation x 4 yrs
	P/ - Naprosyn / Tylenol
	educated on meds
	- f/u S/C prn
	Consider adding Tylenol #3 if no relief — Jacques Lorthe, RPAC
[redacted]	

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NYC 0000018

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Reyes Jason
3490602628
DOB 1/13/83

DATE	OBSERVATIONS
2/23/06	S- Request Note for cane
	O- H/o Ankle injury
	A/p Note for cane given to pt
	F/u in 3 weeks in sick call
	F/u Dr
	Ira Gorniak, RPA Cristian Pedestru
	Medical sick call
7/12/06	for Naproxen / Tylenol renewal -
	Orders expired - few days ago
10	Orders written for 5 days
	NKC PR
	Franklin Mejia, MD
	S/C
	S/ 22 y/o ♂ c old LT ankle injury
3/20/06	c subsequent sensory / motor dysfx.
	pt requesting renewal of cane
857pm	O/ R14 978
	LT ankle - ↓ROM, ⊘ ulcers, vascular intact
	A/ 22 y/o ♂ c old injury LT ankle motor dysfx
	P/ DOC (with cane permit
	f/u s/c prn
	renewal s/p 30 days
	Jacques Conte' Jr. RPA
	Cristian Pedestru, MD

CHS 288 (Rev. 3/05)

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

Reyes Jason
349060628
1/13/83

PROGRESS NOTE

EVERY ENTRY **MUST** BE DATED AND SIGNED

DATE	OBSERVATIONS
3/28/06	S/C
BBKC	51 23 y/o ♂ c̄ h/o RSD presents
Mini	c̄ pain management Regimen
1504pm	letter provided by his PMD
	Dr Germano N, Rowe M.D.
	Faxed on 3/20/06. Pt currently
	w/ c/o ↑ pain intensity
	(L) RLE RSD
	ambulates slowly c̄ a cane
	A) stable ♂ c̄ h/o RSD to left
	lower extremity.
	P) - F/u clinic 3/29/06 for md
	pain meds review + evaluation
	- Copy of pt letter will be made

LANDIS BARNES, D.O.

CHS 238 (Rev 3.05)

NYC 0000020

NYC Health
THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

Reyes, Jason
349-06-02628
BBKey

DATE	OBSERVATIONS

Redacted

3/30/06 - S/P C Ankle surgery. Ambulate c Cane -
c/c pain -
SOA - See Osseous notes
R Naproxyn 500mg BIDxSD
R baclofen 500mg BIDx7D
F/U PRN.

Celia Tindale, RPA

Franklin Mejia, MD

(Cn13_88 - Rev. 3.05)

NYC Health

DIVISION OF HEALTH CARE ACCESS AND CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND S

REYES, JASON 00000000
252 50TH ST 3
NY, NY 11220
13-JAN-83 O Y M 5'8" 216 BRO BLK
NY C
LOPICKELOW, ROE FI
1866 60TH ST 3, NY, NY
3490602628 0470442Y 11-FEB-06

DATE	OBSERVATIONS
4/12/06 EmTC 8:15p	S- Pt seen in clinic for s/c ankle c/o difficulty c ambulation. States "I have this problem for 4 yrs." O - TPR 99.5 88. 18. BP: 128/74. Pt able to stand up c assist. Significant ambulating. Muscle twitches noted. A - Unsteady gait. Difficulty ambulating P - Referred to MD for further eval. [illegible]
4/13/06 C76 8:45 Pr	S/P (L) ankle injury (4y). Patient ambulating c severe difficulty even c walking cane help. Has been able to stand but c assistance VS stable HX of RSD (reflex sympathetic dystrophy). see above VS. ATTEMPT TO TRANSFER PATIENT TO NIC; NO BED AVAILABLE AS PER D. SINGA. Patient given crutches to help in ambulation. RTC card given for F/U in AM (4/14/06). [illegible]

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMP
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

REYES, JASON 00000000
252 50TH ST
NY, NY 11220 3
13-JAN-83 O Y M 5'8" 216 BRO BLK
NY C
LOPICKELOW, ROE
1866 60TH ST 3, NY, NY FI
3490602628 0470442Y 11-FEB-06

EVERY ENTRY MUST BE DATED AND SI...

DATE	OBSERVATIONS
4/14/06	Flu
EMTC 7M	Asked by SMD to transfer Pt to NIC
11:45am	Faxed documentation from Pvt MD
	the RSD (Reflex Sympathetic Dystrophy also known as
	Complex Regional Pain Syndrome
	Pt recalled to NIC last night - denied admission 2° beds.
	Pt housed on main floor and given crutch but still many problems
	ambulating. Also unsteady on feet making it difficult to do ADL's
	O) T 99.3 BP 130/78 P 72 RR 16
	Pt ambulates c̄ crutch but needs assistance getting up
	from the chair
	1) RSD (Reflex Sympathetic Dystrophy
	2) Call to NIC - Spoke c̄ Dr Georges - states not a candidate
	also states there are no beds
	SMD made aware
	Flu 4-12 staff to recall NIC
	Glenda Shearn, PA
4/14/06 EMTC 3PM	Multiple attempts made to f/u to SMD or administrator of NIC failed. Dr Glickman was informed about the problem and also about the need for NIC bed.
	Case will be endorsed to the 4-12 MD for Dorm-3 admission
	Jean Llautaud, MD

HS 288 (Rev. 3/05)

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
4/14/06 C76 9 [illegible]	Patient transfer to DORM 3 for medical reasons NO BED IN NIC - DOC NOTIFIED
	Gabriel Jean Louis, MD
4/19/06	M.O. NRV
	C/O Pain
	[illegible] [illegible] [illegible] [illegible] 7 [illegible] [illegible]
	[illegible]
4/21/06 NIC D 3 11 Am	S/C
	Pt c/o pain in (L) foot.
	pt on pain medication and will want pain mangmt. to follow-up.
	v/s - stable
	(L) foot ⊖ any swelling ⊖ redness
	Nl pulse bilat.
	A/p - s/p (L) foot injury
	Cont - Current - management
	Neurology F/U.
	Harjinder Bhatti, MD
	Younggon Soyan, RPA

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NYC 0000024

NYC Health

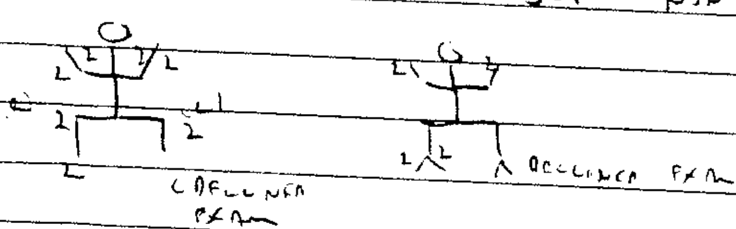
DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

REYES, JASON
3440602628

DATE	OBSERVATIONS
5/12/06	SC IFM PA NOTE
NIC D3	QUESTION ON MEDICATIONS C/O CONSTIPATION
12:45	23 YO PMH REFLEX SYMPATHETIC DYSTROPHY
	2° TRAUMA (L) KNEE a/1/6/02 LUTHERAN HOSP
	SYMPS PSO DEVELOPED WITHIN 3 to 4 HRS
	PAIN (L) LEGS KNEES (R) HIP
	WHEEL CHAIR SINCE 4/12/06
	PAIN + WEAKNESS TO LEGS
	FOLLOWED BY DR [illegible] STATEN ISLAND
	DX AT LUTHERAN HOSP APPROX 10/02 DR [illegible]
	(O) T 98° P72 R14 P72
	NECK supple
	NO CERVICAL NODES
	pharynx clear TM clear
	SCLERA FOR NORMAL
	Heart RR s̄ m
	Lungs CTA
	ABD BS NORMAL soft non tender



	SLIGHT DECREASE SIZE (L) CALF VS (R)
	TRACE CUFFY FOOT
	LATERAL CLEAR SLIGHT HYPOPIGMENTATION
	MEDIAL KNEE SLIGHT HYPERPIGMENTATION

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

REYES, JASON
344 0607628

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
5/2/06	A) Hx REFLEX SYMPATHETIC DYSTROPHY
	INJURY (L) HEEL 4/02
	CHRONIC LOWER EXTREMITY PAIN
	P) ↑ NEURONTIN 300mg PO TID × 14d
	- COLACE 200mg PO QD × 30d
	- LIDOCAINE PATCH ii LOWER EXTREMITY QD × 14d
	- OXYCONTIN SR 20mg PO BID × 7d
	CYMBALTA 60mg PO QD × 7d
	PROVIGIL 200mg PO QAM × 7d
	Pt FR MEDICAL EVAL IF IC UNDERSTANDS
	Tarjinder Bhatti, MD [signature]
	[signature] Thomas Schwaner, PA

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NYC 0000026

NYC Health

DIVISION OF HEALTH CARE ACCESS AND IMPROVEMENT
CORRECTIONAL HEALTH SERVICES

PROGRESS NOTE

EVERY ENTRY MUST BE DATED AND SIGNED

DATE	OBSERVATIONS
5/18/06	Mental ~~Mea~~ Health Note.
NICOS	pt stated for PSTPR, how-
dorm.	ever pt. declines services. Pt.
/	reported he spoke to MH 2 to
12.30AM	anger as he was not getting
	the proper pain medication. Pt
	reported he is now getting his Oxy-
	Contin 20mg q. Thus, here-
	ported he is no longer stressed. Denies
	any depression / anxiety, pt does
	not exhibit any symptoms of the
	above, pt denies any past Hx.
	Pt did report that talking w MH
	helped as he was frustrated Medical
	was not giving him proper Meds. A letter
	from community confirmed his pain
	Meds. Thus, pt not in distress and not
	in need of MH F/U.
	[redacted]
	A: pt stable in dorm 3 w/ no MH F/U
	pt is aware how to access MH services
	if needed.
	P: GP dorm 3 NO MH F/U.
	Frederick Guy